

**Testimony on the Governor's Proposed DSS Budget**  
**Appropriations Committee**  
**February 16, 2017**

**Submitted By: Stephen Karp, LMSW, Executive Director**

NASW/CT strongly opposes the Governor's proposed reductions in the Medicaid/HUSKY program. Despite the serious budget deficit we urge the Appropriations Committee to maintain current Medicaid funding levels. Medicaid is a **core safety net program** that works well in Connecticut and health care should not be restricted, especially to low income individuals.

Reductions in Medicaid funding will only lead to delayed care and care eventually provided at a higher cost. Thus we oppose changing the HUSKY Parents eligibility from 155% of the federal poverty level (FPL) to 138% of the FPL. Such a reduction will cut off at least 9,500 low income HUSKY parents from needed coverage. Recent past experience has demonstrated the serious flaws in this plan. First of all these individuals will not attain private health coverage, even if subsidized, due to costs. The co-pays and deductibles under even a subsidized plan will be unaffordable for the vast, if not all of these enrollees. Studies have shown that for low to moderate income families the typical out of pocket costs for health insurance is an effective barrier to affording care. Further, it has been shown that parents who lack health coverage are less likely to attain health care for their children, **even if the child has coverage**. Thus we will be in essence also be cutting off the care of the children of these HUSKY parents. Plus, it makes no sense to provide the child with health coverage but not the parent who is caring for that child.

NASW/CT is also strongly opposed to capping adult dental benefits under Medicaid at \$1,000 annually. The argument made by the Malloy administration that private dental coverage typically has an annual cap of \$1,000-1,200, thus Medicaid should reflect the private insurance market, is a faulty analogy. Private dental coverage is most often provided by an employer to employee's who have far greater income than a Medicaid eligible household. Medicaid recipients cannot afford dental costs above the \$1,000 cap and requiring dentists to file prior authorizations for Medicaid exceptions will add an administrative burden on providers that likely will decrease the number of dentists who will accept Medicaid. It is well past time that we treat dental care on par with other medical treatments. In fact, preventive dental care often is the means to discovering non-dental conditions that are beginning to take place. Such early detection is cost effective, saving Medicaid dollars from paying for more acute treatment down the road.

We also call on the Appropriations Committee to reject the proposal to eliminate full dual eligible Medicare/Medicaid enrollees Medicare Part D drug co-pay protection. This is a low cost benefit to the state that has a big payoff to those low income enrollees utilizing the program. It prevents low income Medicare enrollees from having to go without prescribed medication due to the co-pay cost being unaffordable.

We urge the Appropriations Committee to fully fund the current Medicaid program that is so critically important to low income individuals.